

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

[R05-118]

PREAMBLE

1. Sections Affected

R9-25-503
R9-25-503, Exhibit 1
R9-25-503, Exhibit 2
R9-25-503, Exhibit 3

Rulemaking Action

No change
Amend
Amend
New Exhibit

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A)(4), and 36-2209(A)(2)
Implementing statutes: A.R.S. §§ 36-2204(8) and 36-2205(A)
Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)

3. The effective date of the rules:

March 25, 2005

4. A list of all previous notices appearing in the Register addressing the exempt rule:

None

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Gene Wikle, Chief
Address: Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th Ave., Suite 540
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Telephone: (602) 364-3150
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E-mail: wiklee@azdhs.gov

Or

Name: Kathleen Phillips, Rules Administrator
Address: Department of Health Services
Office of Administrative Rules
1740 W. Adams, Suite 202
Phoenix, AZ 85007

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Notices of Exempt Rulemaking

6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from regular rulemaking procedures:

The Exhibits to R9-25-503 include drug lists that establish the drugs authorized for administration or monitoring by different levels of emergency medical technicians (EMTs) and establish the minimum supply level for each drug required to be carried in an ambulance drug box. This rulemaking revises the drug lists in R9-25-503, Exhibits 1 and 2, to make the lists conform to currently accepted medical standards and industry practices. In addition, this rulemaking reformats the drug lists to make them clearer and easier to use and adds a new Exhibit 3 for small volume nebulizer medications to be monitored by EMTs. The revisions to the drug lists are consistent with recommendations made by the Medical Direction Commission; the Emergency Medical Services Council; and the Protocols, Medications, and Devices Committee.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

R9-25-503.	Protocol for Drug Box Procedures
Exhibit 1.	EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List
Exhibit 2.	Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel
Exhibit 3.	Small Volume Nebulizer Medications to be Monitored by Appropriate Level of EMT Personnel

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-503. Protocol for Drug Box Procedures

- A. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change

Notices of Exempt Rulemaking

- 6. No change
- 7. No change
- 8. No change
- 9. No change
- 10. No change
- 11. No change
- 12. No change
- 13. No change
 - a. No change
 - b. No change
- 14. No change
- 15. No change
 - a. No change
 - b. No change
- 16. No change
- B.** No change
 - 1. No change
 - 2. No change
- C.** No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - 4. No change
 - a. No change
 - b. No change
 - c. No change
- D.** No change
- E.** No change
 - 1. No change
 - 2. No change
- F.** No change
- G.** No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - 2. No change
 - a. No change
 - b. No change
- H.** No change

Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List

EMT-P AND QUALIFIED EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ADENOSINE	6 mg/2 mL	5-6

Notices of Exempt Rulemaking

ALBUTEROL SULFATE* (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2-6 1 bottle 2-6 bullets
AMIODARONE (optional)	150 mg/6 mL	2-3
ASPIRIN	81-325 mg	36-100
ATROPINE SULFATE	1 mg/10 mL pre-filled syringes	3-4
ATROPINE SULFATE	8 mg/20 mL	1-2
BRETYLIUM TOSYLATE (optional)	500 mg/10 mL	1-3
CALCIUM CHLORIDE	1 g/10 mL	1-2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2-4
DEXTROSE	25 g/50 mL	2-4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1-2
DOPAMINE HCl	400 mg/5 mL or 400 mg/250 mL dextrose 5% in water (D ₅ W)	1-2 1-2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1-2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL 30 mL multidose vial	1-2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	6-8
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	20mg/2mL, or 40mg/4mL, or 100mg/10mL 0.25mg/1mL	4 4 2 4-8
GLUCAGON	1 mg with 1 mL diluting solution dose pack	1-2

Arizona Administrative Register / Secretary of State

Notices of Exempt Rulemaking

IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2-4
LIDOCAINE HCl IV	100 mg/5 mL prefilled syringes	3-4
LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL dextrose 5% in water (D ₅ W)	1-2 1-2
MAGNESIUM SULFATE	1 g/2 mL	4-10
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1-2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2-4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL 2 mg/2 mL	10 mg 1-2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1-2 bottles 1-2 bottles
OXYTOCIN (optional)	10 units/1 mL	1-2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1-2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2-3
THIAMINE HCl	100 mg/1 mL	1-2
VERAPAMIL HCl	5 mg/2 mL	2-3
NITROUS OXIDE (optional)	Nitrous Oxide 50% / Oxygen 50% fixed- ratio setup with O ₂ fail safe device and self administration mask	1 setup
SYRINGES	1 mL tuberculin 3 mL 10-12 mL 20 mL 50-60 mL	2 4 4 2 2
FILTER NEEDLES	5 micron	3
NON - FILTER NEEDLES		assorted sizes

Notices of Exempt Rulemaking

INTRAVENOUS SOLUTIONS:- (Bulk restricts inclusions of all fluids in drug box)		
DEXTROSE, 5% in water	250 mL bag	1
LACTATED RINGER'S	1 L bag	4-8
NORMAL SALINE	1 L bag	4-8
NORMAL SALINE	250 mL bag	3
NORMAL SALINE	50 mL bag	2

<u>AGENT</u>	<u>AMOUNT & MINIMUM SUPPLY</u>
<u>ADENOSINE</u>	6 or 12 mg dose, minimum of 30 mg
<u>ALBUTEROL SULFATE</u> * (sulfite free)	2.5 mg dose, minimum of 10 mg
<u>AMIODARONE</u> (optional)	150 mg dose, minimum of 300 mg
<u>ASPIRIN</u>	81 or 325 mg dose, minimum of 4 doses
<u>ATROPINE SULFATE</u>	1 mg dose, minimum of 4 mg 8 mg multidose, minimum of 8 mg
<u>CALCIUM CHLORIDE</u>	1 g dose, minimum of 1 g
<u>CHARCOAL, ACTIVATED</u> (without sorbitol)	2 g dose, minimum of 50 g
<u>DEXAMETHASONE</u> (optional)	4 mg dose, minimum of 8 mg
<u>DEXTROSE</u>	25 g syringe, minimum of 50 g
<u>DIAZEPAM</u>	10 mg dose, minimum of 20 mg
<u>DIAZEPAM RECTAL DELIVERY GEL</u> (optional)	20 mg dose, minimum of 20 mg
<u>DIPHENHYDRAMINE HCl</u>	50 mg dose, minimum of 50 mg
<u>DILTIAZEM</u> (optional)	25 mg dose, minimum of 25 mg
<u>DOPAMINE HCl</u>	400 mg dose, minimum of 400 mg
<u>EPINEPHRINE HCl, 1:1,000 solution</u>	1 mg dose, minimum of 2 mg 30 mg multidose, minimum of 30 mg
<u>EPINEPHRINE HCl, 1:10,000 solution</u>	1 mg dose, minimum of 6 mg
<u>FUROSEMIDE</u> or If FUROSEMIDE is not available, <u>BUMETANIDE</u>	20 mg dose, minimum of 100 mg 0.25 mg dose, minimum of 4 mg
<u>GLUCAGON</u>	1 mg dose, minimum of 2 mg
<u>IPRATROPIUM BROMIDE</u> * 0.02%	2.5 mL dose, minimum of 5 mL
<u>LIDOCAINE HCl IV</u>	100 mg dose, minimum of 300 mg 1 g dose, minimum of 2 g

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

<u>MAGNESIUM SULFATE</u>	<u>1 g dose, minimum of 5 g</u>
<u>METHYLPREDNISOLONE SODIUM SUCCINATE</u>	<u>125 mg dose, minimum of 250 mg</u>
<u>MIDAZOLAM (Versed®)</u> (optional)	<u>5 mg dose, minimum of 10 mg</u>
<u>MORPHINE SULFATE</u>	<u>10 mg dose, minimum of 20 mg</u>
<u>NALMEFENE HCl</u> (optional)	<u>2 mg dose, minimum of 4 mg</u>
<u>NALOXONE HCl</u>	<u>1 mg dose, minimum of 10 mg</u>
<u>NITROGLYCERIN TABLETS</u> or <u>NITROGLYCERIN SUBLINGUAL SPRAY</u>	<u>0.4 mg dose, minimum of 1 bottle</u> <u>0.4 mg dose, minimum of 1 bottle</u>
<u>OXYTOCIN</u> (optional)	<u>10 units dose, minimum of 10 units</u>
<u>PHENYLEPHRINE NASAL SPRAY 0.5%</u>	<u>15 mL bottle, minimum of 1 bottle</u>
<u>SODIUM BICARBONATE 8.4%</u>	<u>50 mEq dose, minimum of 100 mEq</u>
<u>THIAMINE HCl</u>	<u>100 mg dose, minimum of 100 mg</u>
<u>VASOPRESSIN</u> (optional)	<u>40 units dose, minimum of 40 units</u>
<u>VERAPAMIL HCl</u>	<u>5 mg dose, minimum of 10 mg</u>
<u>NITROUS OXIDE</u> (optional)	<u>Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O₂ fail-safe device and self-administration mask, minimum of 1 setup</u>
<u>SYRINGES</u>	<u>1 mL tuberculin, minimum of 2</u> <u>3 mL, minimum of 4</u> <u>10-12 mL, minimum of 4</u> <u>20 mL, minimum of 2</u> <u>50-60 mL, minimum of 2</u>
<u>FILTER NEEDLES</u>	<u>5 micron, minimum of 3</u>
<u>NON-FILTER NEEDLES</u>	<u>assorted sizes</u>
<u>INTRAVENOUS SOLUTIONS:</u> (Bulk restricts inclusion of all fluids in drug box)	
<u>DEXTROSE, 5% in water</u>	<u>250 mL bag, minimum of 1</u>
<u>LACTATED RINGER'S</u>	<u>1 L bag, minimum of 4</u>
<u>NORMAL SALINE</u>	<u>1 L bag, minimum of 4</u> <u>250 mL bag, minimum of 3</u> <u>50 mL bag, minimum of 2</u>

* Administer by nebulizer
 Note: No change

Notices of Exempt Rulemaking

EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2-6 1 bottle 2-6 bullets
ASPIRIN	81-325 mg	36-100
ATROPINE SULFATE	8 mg/20 mL	1-2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2-4
DEXTROSE	25 g/50 mL	2-4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1-2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1-2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	3-6
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	20mg/2mL, or 40mg/4mL, or 100mg/10mL 0.25mg/1mL	4 4 2 4-8
GLUCAGON	1mg with 1 mL diluting solution dose pack	1-2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2-4
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1-2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2-4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl or 1 mg/1 mL or 10 mg/10 mL or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL 1 mg/1 mL 10 mg/10 mL 2 mg/2 mL	10 mg 1-2

Arizona Administrative Register / Secretary of State

Notices of Exempt Rulemaking

NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1-2 bottles 1-2 bottles
OXYTOCIN (optional)	10 units/1 mL	1-2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1-2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2-3
THIAMINE HCl	100 mg/1 mL	1-2
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self- administration mask.	1 setup
SYRINGES	1 mL tuberculin 3 mL 10-12 mL 20 mL 50-60 mL	2 2 2 2 2
FILTER NEEDLES	5 micron	3
NONFILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS:- (Bulk restricts inclusion of all fluids in drug box)	250 mL bag	1
DEXTROSE, 5% in water	1 L bag	4-8
LACTATED RINGER'S	1 L bag	4-8
NORMAL SALINE	250 mL bag	3
NORMAL SALINE		

<u>AGENT</u>	<u>AMOUNT & MINIMUM SUPPLY</u>
ALBUTEROL SULFATE * (sulfite free)	2.5 mg dose, minimum of 10 mg
ASPIRIN	81 or 325 mg dose, minimum of 4 doses
ATROPINE SULFATE	8 mg multidose, minimum of 8 mg
CHARCOAL, ACTIVATED (without sorbitol)	2 g dose, minimum of 50 g
DEXTROSE	25 g syringe, minimum of 50 g
DIAZEPAM	10 mg dose, minimum of 20 mg
DIAZEPAM RECTAL DELIVERY GEL (optional)	20 mg dose, minimum of 20 mg
DIPHENHYDRAMINE HCl	50 mg dose, minimum of 50 mg
EPINEPHRINE HCl, 1:1,000 solution	1 mg dose, minimum of 2 mg
EPINEPHRINE HCl, 1:10,000 solution	1 mg dose, minimum of 6 mg

Notices of Exempt Rulemaking

<u>FUROSEMIDE</u> or If FUROSEMIDE is not available, <u>BUMETANIDE</u>	<u>20 mg dose, minimum of 100 mg</u> <u>0.25 mg dose, minimum of 4 mg</u>
<u>GLUCAGON</u>	<u>1 mg dose, minimum of 2 mg</u>
<u>IPRATROPIUM BROMIDE * 0.02%</u>	<u>2.5 mL dose, minimum of 5 mL</u>
<u>METHYLPREDNISOLONE SODIUM SUCCINATE</u>	<u>125 mg dose, minimum of 250 mg</u>
<u>MIDAZOLAM (Versed®)</u> (optional)	<u>5 mg dose, minimum of 10 mg</u>
<u>MORPHINE SULFATE</u>	<u>10 mg dose, minimum of 20 mg</u>
<u>NALMEFENE HCl</u> (optional)	<u>2 mg dose, minimum of 4 mg</u>
<u>NALOXONE HCl</u>	<u>1 mg dose, minimum of 10 mg</u>
<u>NITROGLYCERIN TABLETS</u> or <u>NITROGLYCERIN SUBLINGUAL SPRAY</u>	<u>0.4 mg dose, minimum of 1 bottle</u> <u>0.4 mg dose, minimum of 1 bottle</u>
<u>OXYTOCIN</u> (optional)	<u>10 units dose, minimum of 10 units</u>
<u>PHENYLEPHRINE NASAL SPRAY 0.5%</u>	<u>15 mL bottle, minimum of 1 bottle</u>
<u>SODIUM BICARBONATE 8.4%</u>	<u>50 mEq dose, minimum of 100 mEq</u>
<u>THIAMINE HCl</u>	<u>100 mg dose, minimum of 100 mg</u>
<u>NITROUS OXIDE</u> (optional)	<u>Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O₂ fail-safe device and self-administration mask, minimum of 1 setup</u>
<u>SYRINGES</u>	<u>1 mL tuberculin, minimum of 2</u> <u>3 mL, minimum of 4</u> <u>10-12 mL, minimum of 4</u> <u>20 mL, minimum of 2</u> <u>50-60 mL, minimum of 2</u>
<u>FILTER NEEDLES</u>	<u>5 micron, minimum of 3</u>
<u>NON-FILTER NEEDLES</u>	<u>assorted sizes</u>
<u>INTRAVENOUS SOLUTIONS:</u> (Bulk restricts inclusion of all fluids in drug box)	
<u>DEXTROSE, 5% in water</u>	<u>250 mL bag, minimum of 1</u>
<u>LACTATED RINGER'S</u>	<u>1 L bag, minimum of 4</u>
<u>NORMAL SALINE</u>	<u>1 L bag, minimum of 4</u> <u>250 mL bag, minimum of 3</u>

* Administer by nebulizer
Note: No change

Notices of Exempt Rulemaking

EMT-B DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ASPIRIN	81 – 325 mg	36 – 100

AGENT	AMOUNT & SUPPLY
ASPIRIN	81 or 325 mg dose, minimum of 4 doses

Exhibit 2. Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel

IV INFUSIONS	EMT-B	EMT-I	Qualified EMT-I and EMT-P	INFUSION PUMP
AMIODARONE		X	X	X
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS PROCAINAMIDE HCl			X	X
BRETYLIUM TOSYLATE			X	X
BLOOD			X	
CALCIUM CHLORIDE			X	X
COLLOIDS DEXTRAN HETASTARCH SERUM ALBUMIN MANNITOL PLASMANATE		X X X	X X X	X X X
CORTICOSTEROIDS		X	X	X
DILTIAZEM			X	X
DIURETICS			X	X
DOPAMINE HCl			X	X
EPINEPHRINE HCl			X	X
FOSPHENYTOIN Na or PHENYTOIN Na			X	X
GLYCOPROTEIN IIb/IIIa Inhibitors ABCIXIMAB (Reopro ®) EPTIFIBATIDE (Integrelin ®) TIROFIBAN (Aggrastat ®)			X X X	X X X
HEPARIN Na			X	X
LIDOCAINE HCl			X	X
MAGNESIUM SULFATE			X	X
MIDAZOLAM (Versed ®)			X	X

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X
POTASSIUM SALTS			X	X
SODIUM BICARBONATE		X	X	
THEOPHYLLINE			X	X
TOTAL PARENTERAL NUTRITION			X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ CRYSTALLOIDS (COMMERCIAL PREPARATIONS)	X	X	X	

Notes:

1. No change
2. No change

Exhibit 3. Small Volume Nebulizer Medications to be Monitored by Appropriate Level of EMT Personnel

<u>SVN MEDICATION</u>	<u>EMT-B</u>	<u>EMT-I</u>	<u>Qualified EMT-I and EMT-P</u>
VAPONEFRIN			X